

MEDICAL NUTRITION THERAPY

Effective Date: 11-07-2020

I. PURPOSE

The purpose is to define and provide guidance as to what is allowable for the Medical Nutrition Therapy category of service, in accordance with HRSA/HAB standards.

II. DEFINITION

Support for Medical Nutrition Therapy services including nutritional supplements provided outside of a primary care visit by a licensed registered dietitian; may include food provided pursuant to a physician's recommendation and based on a nutritional plan developed by a licensed registered dietitian. Medical Nutrition Therapy is described by the following:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

III. PROGRAM GUIDANCE

All activities performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional.

Activities not provided by a registered/licensed dietitian should be considered Psychosocial Support Services under the HRSA RWHAP.

See also Food-Bank/Home Delivered Meals

PERFORMANCE MEASURE

Recipients are strongly encouraged to include HRSA HIV/AIDS Bureau measures and National HIV/AIDS Strategy indicators. Recipients should identify at least two performance measures for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service. Recipients should identify at least one performance measure for RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than 15% and fewer than 50% of the recipients' eligible clients receive at least one unit of service. Recipients do not need to identify a performance measure for RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where fewer than or equal to 15% of the recipients' eligible clients receive at least one unit of service. (HRSA/HAB Policy

Clarification Notice 15-02). *For Clinical Quality Management measures see Appendix A: HRSA/HAB National Monitoring Standards, and HRSA/HAB Core Performance Measures Portfolio and Core Measures links below. These sources provide supportive information for CQM program expectations for the recipient and provider subrecipients.*

HRSA HAB Core Performance Measures Portfolio: <https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>

HRSA HAB Core Performance Measures link: <https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/coremeasures.pdf>

<p><i>2.0 Key Services Components and Activities (including assessment and service plan) Support for Medical Nutrition Therapy services, including nutritional supplements provided outside of a primary care visit by a licensed registered dietitian; may include food provided pursuant to a physician's recommendation and based on a nutritional plan developed by a licensed registered dietitian</i></p>	
Standard	Measure
<p>2.1) Provision of all medical nutrition therapy (MNT) services is documented by:</p> <ul style="list-style-type: none"> a) Services provided b) Number of clients served c) Quantity of nutritional supplements and food provided. 	<p>2.1) Documentation of MNT services provided by services, number of clients and quantity.</p>
<p>2.2) When a third-party payer provides service, the sub-recipient must maintain a client record. At a minimum, the payer's record must contain:</p> <ul style="list-style-type: none"> • Services provided & dates • Nutritional Plan • Physician's recommendation for provision of food. <p>All reports must be signed and dated by the third party.</p>	<p>2.2) Signed, dated reports located in the client's record.</p>
Assessment/Service Plan/Provision of Services	
<p>2.3) Clients self-referring for services will be screened to determine need for MNT prior to an initial MNT assessment.</p>	<p>2.3) Documentation of screening in client's record signed and dated.</p>
<p>2.4) An initial MNT assessment of client's needs to be completed by a Dietitian or Nutritionist to include, at a minimum, anthropometrics, clinical, dietary and laboratory data.ⁱ</p>	<p>2.4) Documentation of MNT assessment in client's record signed and dated.</p>

2.5) Within seven (7) business days after the initial assessment an MNT plan will be developed and agreed upon by the client and provider to include, at a minimum: a) Nutritional diagnosis, b) Recommended services and course of MNT provided, including types and amounts of nutritional supplements c) Date service is to be initiated d) Planned number and frequency of sessions.	2.5) Documentation of MNT plan in client's record signed and dated.
2.6) Provide clients with nutritional supplements and food according to the MNT plan and provider's recommendation. <i>Note: A provisional two (2) week supply of nutritional supplements and/or food may be given to eligible clients while obtaining the provider's recommendation.</i>	2.6) Documentation of MNT services provided in client's record signed and dated.
2.7) Provide nutritional counseling, health education and educational materials to increase client's knowledge of healthy food choices, benefits of good nutrition, etc.	2.7) Documentation of nutritional counseling and health education in client's record signed and dated.
2.8) MNT plan is reassessed each quarter to assess progress and identify emerging needs. Revised MNT plan is to be shared with the primary care provider.	2.8) Documentation of review and update of the plan as appropriate signed and dated.
2.9) Refer client to other services as appropriate, e.g. mental health, community resources, exercise facilities.	2.9) Documentation of referrals made and status of outcome in client's record.
<p align="center">Assessment/ 3.0 Personnel Qualifications (including licensure) <i>National Monitoring Standards: Licensure and registration of the dietitian as required by the State in which the service is provided.^{1,2}</i></p>	
Standard	Measure
3.1) Dietitians and Nutritionists must have appropriate and current licensure as required by the State of Alabama. ⁱⁱ 3.2) Dietitians and Nutritionists must complete 2 hours of continuing education in HIV/AIDS treatment or care annually. 3.3) Staff has the knowledge, skills and experience appropriate to providing food or nutritional counseling/education services.	3.1) Documentation of qualifications and current licensure in personnel file. 3.2) Documentation of required continuing education in personnel file. 3.3) Personnel records/resumes/employment applications document requisite education, skills and experience.

¹ HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April 2013), p. 18. ² PHS Act 2612(b)(3)(H)

ⁱ Academy of Nutrition and Dietetics, Evidence Analysis Library (2015). Available at: <https://www.andeal.org/vault/pq101.pdf>

ⁱⁱ Alabama Board of Examiners Dietetics & Nutritionists. Available at: <http://www.boed.alabama.gov/>

APPENDIX A: HIV/AIDS BUREAU, DIVISION OF STATE HIV/AIDS PROGRAMS NATIONAL MONITORING STANDARDS FOR RYAN WHITE PART B GRANTEES: PROGRAM – PART B

QUALITY MANAGEMENT

Quality Management	
National Monitoring Standards: Implement a Clinical Quality Management Program (CQM) to include: a) written QM plan; b) quality expectations for providers and services; c) method to report and track expected outcomes; d) monitoring of provider compliance with HHS treatment guidelines and Part B Program's approved Standards of Care.	
Standard	Measure
1.1) Measure and report client health outcomes using Medical Nutrition Therapy service measures approved by ADPH	<p>1.1) Performance measurement data on the following indicators:</p> <ul style="list-style-type: none"> • Percentage of clients receiving Medical Nutrition Therapy services, regardless of age, who have at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits. (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date). • Percentage of people enrolled in RW Part B-funded Program living with HIV and receiving Medical Nutrition Therapy services, regardless of age, who will have an HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year. <p>Outcome/Indicator</p> <ul style="list-style-type: none"> • Percentage of those receiving medical nutrition therapy that have normal body mass index (BMI) or other anthropometric measures at the end of measurement year. Benchmark: Increase in the percentage of clients counseled on dietary issues by licensed and registered dietitians • Percentage of clients receiving medical nutrition therapy who had a nutrition care plan developed and/or updated two or more times in the measurement year. Benchmark: Increase in the percent of eligible RWHAP Part B individuals diagnosed with nutritional needs who are accessing nutritional supplements during the measurement year

HRSA HAB National Monitoring Standards link: <https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringpartb.pdf>